

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Cape Girardeau  
Township " or Village Cape Gir Registration District No. 125 File No. 25500  
City " (NO. ") St. " Ward " Primary Registration District No. 3009 Registered No. 1015

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jessie Davis

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

DATE OF BIRTH Don't know  
(Month) (Day) (Year)

AGE 51 yrs. " mos. " ds. IF LESS than 1 day, " hrs. or " min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) "

BIRTHPLACE (City or town, State or foreign country) Cape Co.

PARENTS NAME OF FATHER Geo. Simon

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Verg.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Daughter

(ADDRESS) Cape Girardeau, Mo.

Filed Aug 1, 1914 Geo. Chappell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 24, 1914, to July 28, 1914, that I last saw her alive on July 28, 1914, and that death occurred, on the date stated above, at 2 1/2 m.

The CAUSE OF DEATH\* was as follows:  
Acute Meningitis  
79 B  
87 B 61  
(Duration) 61 yrs. 10 mos. " ds.

Contributory Menstrual  
(SECONDARY) 24 yrs. " mos. " ds.

(Signed) J. H. Auer M. D.  
July 31, 1914 (Address) 606 Berkeley

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death " yrs. " mos. " ds. In the State " yrs. " mos. " ds.  
Where was disease contracted If not at place of death?  
Former or usual residence.

PLACE OF BURIAL OR REMOVAL City Cem. DATE OF BURIAL 8/7, 1914

UNDERTAKER W. Brinkoff ADDRESS Cape Girardeau, Mo.

# United States Standard Certificate of Death

S. Census and American Public Health Association]

Occupation.—Precise statement of occupation, so that the relative health-pursuits can be known. The question and every person, irrespective of occupations a single word or term on be sufficient, e. g., *Farmer* or *Planter*, *Director*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many industrial employments, it is necessary the kind of work and also (b) the business or industry, and therefore an provided for the latter statement; it only when needed. As examples: (a) *Mill*; (a) *Salesman*, (b) *Grocery*; *Automobile factory*. The material form part of the second statement. *Laborer*," "Foreman," "Manager," without more precise specification, as *laborer*, *Laborer—Coal mine*, etc. who are engaged in the duties of the of *paid Housekeepers* who receive a ay be entered as *Housewife*, *House-* and children, not gainfully employed, *home*. Care should be taken to re- occupations of persons engaged in- or wages, as *Servant*, *Cook*, *House-* occupation has been changed or given the DISEASE CAUSING DEATH, state oc- ing of illness. If retired from busi- ly be indicated thus: *Farmer* (re- r persons who have no occupation

and cause of death.—Name, first, the (the primary affection with re- causation), using always the same the same disease. Examples: *Cerc-* e only definite synonym is "Epidemic ngitis"); *Diphtheria* (avoid use of *id fever* (never report "Typhoid ar pneumonia; *Bronchopneumonia* (qualified, is indefinite); *Tuberculosis* of meningitis, peritoneum, etc., *Carcinoma*, *Sar-*

coma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital" "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)